

Conditions Reportable to Public Health

Reye Syndrome
Cancer
Mumps
Cholera
Typhoid Fever
Tetanus
Gonorrhea
Brucellosis
Malaria
Diphtheria
Hepatitis A, B, or C
Birth defects
Pertussis
Acquired immunodeficiency syndrome (AIDS)
Leprosy (Hansen's Disease)
Yersiniosis
Rubeola
Elevated blood lead
Trichinosis
Tularemia
Amebiasis
Human immunodeficiency virus (HIV)
Lyme disease
Tuberculosis
Chlamydial infection
Plague
Botulism
Firearm injury
Salmonellosis
Yellow Fever
Psittacosis
Campylobacteriosis
Cyclosporiasis
Rabies
Echinococcosis
Syphilis



Section of Epidemiology
Division of Public Health
Department of Health and Social Services
State of Alaska
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Conditions Reportable to Public Health in Alaska

"No health department, State or local, can effectively prevent or control disease without knowledge of when, where, and under what conditions cases are occurring."

Public Health Reports, 1946

Infectious disease reporting in Alaska has resulted in the identification of many outbreaks. Rapid investigation and institution of control measures prevents additional morbidity and mortality.

This booklet provides information to help health care providers and laboratories comply with public health reporting requirements. These requirements include reporting of:

- certain infectious diseases
- blood lead ≥ 10 mg/dL
- firearm injuries
- cancer
- birth defects

The Section of Epidemiology of the Alaska Division of Public Health uses a **Rapid Telephonic Reporting (RTR) System** for most reportable conditions. All health care providers are encouraged to use the RTR System for routine reporting. Reports are reviewed by medical and nurse epidemiologists in the Section of Epidemiology. Electronic reporting is encouraged if it is convenient for providers. Technical assistance is available from the Section.

Overview of Reportable Conditions and Reporting Methods

- 1. Infectious disease** (see pages 5-10): Routine reports should be made using the RTR System (see instructions on page 6 and report form on page 7). Public health emergencies should immediately be reported by telephone (see page 5). Reports can also be made by facsimile or by telephone (see page 10).
- 2. Elevated blood lead** (see page 11): Reports of levels ≥ 10 mg/dL may be made either by facsimile, mail, or by calling the RTR System.
- 3. Laboratory reporting** (see pages 11-13): Medical laboratories should report either by facsimile or by calling the RTR System.
- 4. Firearm injury** (see page 14): Reports should be made either by facsimile or by calling the RTR System.
- 5. Cancer** (see page 15): For hospitals and other health care facilities, detailed instructions are available in the "Procedure Manual for Reporting Sources" available from the Section of Epidemiology. Physicians and other health care practitioners should report either by mail or facsimile. **The RTR System is not used for cancer reporting.**
- 6. Birth defects** (see pages 16-17): Reports should be made to the Section of Maternal, Child, and Family Health. **The RTR System is not used for birth defects reporting.**
- 7. Other reportable conditions** (see page 18): Severe adverse reactions to any vaccine, any disease which is known or suspected to be related to an environmental exposure to a toxic substance, or any disease which is known or suspected to be due to a person's occupation should be reported by calling the Section of Epidemiology.

Infectious Diseases Reportable by Health Care Providers

Acquired immunodeficiency syndrome (AIDS)

Amebiasis

Anthrax*

Botulism*

Brucellosis

Campylobacteriosis

Chlamydial infection

Cholera

Cryptosporidiosis

Cyclosporiasis

Diphtheria*

Echinococcosis

Escherichia coli O157:H7 infection

Giardiasis

Gonorrhea

Haemophilus influenzae invasive disease

Hepatitis A, B, or C

Human immunodeficiency virus (HIV) infection

Legionellosis

Leprosy (Hansen's Disease)

Lyme disease

Malaria

Meningococcal invasive disease*

Mumps

Paralytic shellfish poisoning*

Pertussis

Plague

Poliomyelitis*

Psittacosis

Rabies*

Reye syndrome

Rheumatic fever

Rubella*

Rubeola*

Salmonellosis

Shigellosis

Syphilis

Tetanus*

Trichinosis

Tuberculosis

Tularemia

Typhoid fever

Yellow fever

Yersiniosis

Outbreaks of an unusual number of *any* infectious disease

Reports should be made *as soon as possible* and **must** be made within 5 working days after being suspected or diagnosed. Call the RTR System at 561-4234 (Anchorage) or 1-800-478-1700 (statewide). The RTR System operates 24 hours a day, 365 days a year.

*** Diseases shown in bold are public health emergencies;** if you suspect or diagnose a disease which is a public health emergency, **immediately** call 1-907-269-8000 during business hours or 1-800-478-0084 after hours.

How to Use the Rapid Telephonic Reporting System

1. We suggest that physicians and other health care providers designate a staff member (e.g., a nurse, office manager, or infectious control practitioner) to coordinate disease reporting. The reporting coordinator should phone in the report to the RTR system *as soon as possible*, and certainly within 5 working days after being suspected or diagnosed. Delay in reporting cases of reportable communicable disease may put others at unnecessary risk of infection. The RTR System operates 24 hours a day, 365 days a year.
2. The RTR System may be used to report:
 - infectious diseases (except public health emergencies, see page 5),
 - elevated blood lead levels (see page 11)
 - firearm injuries (see page 14).**It is not used to report:**
 - birth defects (see pages 16-17)
 - cancer (see page 15)
3. When a reportable condition is **diagnosed or suspected**, the health care provider should route the patient's medical record directly to the person designated for disease reporting.
4. The reporting coordinator transfers the necessary data from the medical record to either an infectious disease report form (see page 7) or other appropriate report form (see pages 11 and 14). Within 5 working days, the coordinator telephones the report to the RTR System. The RTR System operates 24 hours a day, 365 days a year.

<p style="text-align: center;"><i>Anchorage area - telephone 561-4234</i> <i>Outside Anchorage - telephone 1-800-478-1700</i></p>

5. An answering machine in the Section of Epidemiology answers each call. Your report will be recorded. If you pause longer than 5 seconds at any one time, the call will be disconnected. Make the report as brief as possible by following the format of the applicable report form.
6. All disease reports are reviewed by public health epidemiologists. Contact with the responsible health care provider will be undertaken as indicated and appropriate disease control measures will be implemented. Summaries of semi-annual and annual case counts are routinely sent to all health care providers in the Epidemiology Bulletin.

Health care providers may find the following format useful for making infectious disease reports to the RTR System. This page should be copied so that a new form can be completed for each report.

Infectious Disease Report Form

1. Name of person making report: _____

1a. Institutional affiliation, if any: _____
(e.g., Alaska Native Medical Center, Bassett Army Hospital, etc.)

2. Telephone number: _____

3. Name of attending health care provider: _____

4. Name of reportable disease: _____

5. Patient's name: _____
(first name) (last name)

6. Date of birth: / /
(month/day/year)

7. Sex: (circle one) male female

8. Race: (circle one) White Alaska Native Asian Black other/unknown

9. Is patient of Hispanic ethnicity? (circle one) yes no unknown

10. Community of residence: _____

11. Was the diagnosis laboratory confirmed? (circle one) yes no unknown

12. Date of illness onset **or** diagnosis: (whichever is earlier) / /
(month/day/year)

For reports of chlamydial infection, gonorrhea, or syphilis only:

A. What was the prescribed treatment and date? _____

B. Was PID diagnosed? (circle one) yes no unknown

C. Pregnancy status (if known) _____

Anchorage area - telephone 561-4234
Outside Anchorage - telephone 1-800-478-1700
Fax 1-907-561-4239

Points to Remember

When filling out a report form from a patient's medical record:

- Obtain as much of the information as possible. This will enable you to report complete information.

When reporting to the RTR System:

- Speak clearly and slowly.
- Be certain to **spell** the patient's full name.
- Report information in the same order as it appears on a report form.
- Report by name. Do not report by medical record or ID number.

**All information that is reported is confidential
Names are required to be reported by law.**

Make routine reports as soon as possible, and at least within 5 working days, after the disease is diagnosed or suspected. **Please report a case even if the diagnosis is in doubt (i.e., if you suspect the presence of a reportable disease, then report).** We can contact health care providers to obtain additional information and to arrange for specific diagnostic tests. Delay in reporting the case may result in unnecessary risk of infection to contacts or to the community.

Many of the same conditions are reportable by both health care providers **and** laboratories. Sometimes reports are not made because each party responsible for reporting assumes (incorrectly) that the other has already reported. **Physicians and other health care providers are not relieved of their obligation to report by virtue of the condition also being reportable by the laboratory.**

If you have trouble using the RTR System, please call:

**Section of Epidemiology
1-907-269-8000**

Instructions for Reporting Sexually Transmitted Diseases Including HIV Infection and AIDS

When a case of a reportable sexually transmitted disease (gonorrhea, chlamydia, syphilis, HIV infection, or AIDS) is being reported by RTR or by completing the report form on page 7, ***please include the treatment prescribed, the date of treatment, the pregnancy status of the patient, and whether PID was diagnosed.***

What is a *suspected* case of STD?

- A person named by an infected person as (1) having signs suggestive of disease, (2) being a sex/needle sharing partner of another person whom the provider knows to be infected, or (3) needing an exam; or
- A person empirically treated for a reportable STD (chlamydia, gonorrhea or infectious syphilis); or
- A person the provider suspects to be infected with an STD based on signs and symptoms evident on clinical examination, combined with a sexual history indicating risky sexual behavior

Partner identification, notification, diagnosis, and treatment are critical disease intervention activities. All patients with HIV or STDs should be interviewed for sexual partners, and these partners notified of their exposure and offered testing and treatment. Confidential assistance in conducting these activities is available from public health personnel through the HIV/STD Program (1-907-269-8000).

Alternative Methods for Providers to Make Infectious Disease Reports

All health care providers are encouraged to use the RTR System for routine reporting of infectious diseases. There may be situations in which it is appropriate to make a report by another method. Three other ways that reports can be made are by telephone, facsimile (fax), and by electronic means.

1. **Telephone** - Call 1-907-269-8000 during business hours and ask to speak to one of the medical or nurse epidemiologists. **All diseases which are considered public health emergencies (see page 5) should immediately be reported by telephone.** During non-business hours, public health emergencies should be reported by calling 1-800-478-0084.
2. **Facsimile** (fax) - Send the information requested on an infectious disease report form (see page 7) to the Section of Epidemiology at: 1-907-561-4239.
3. **Electronic** - Electronic reporting (via modem, computer disk, or other media) is becoming an increasingly convenient method for disease reporting. Health care providers interested in establishing electronic mechanisms for reporting should contact the Section of Epidemiology for technical assistance.

Blood Lead Level Reporting

Health care providers and laboratories are required to report any blood lead test result ≥ 10 micrograms per deciliter ($\mu\text{g/dL}$). Reports must be made within 4 weeks of receiving the result. Reports can be made four ways:

1. **Mail** - A legible copy of the laboratory report may be mailed to the Section of Epidemiology; PO Box 240249; Anchorage, AK 99524-0249.
2. **Facsimile** (fax) - A completed blood lead level report form (below) or the equivalent may be faxed to the Section of Epidemiology at: 1-907-561-4239.
3. **Rapid Telephonic Reporting (RTR) System** - The information requested on a blood lead level report form can be called to the RTR System 24 hours a day at: 1-800-478-1700 (statewide) or 561-4234 (Anchorage).
4. **Electronic** - Electronic reporting (via modem, computer disk, or other media) is becoming an increasingly convenient method for disease reporting. Persons interested in establishing electronic mechanisms for reporting should contact the Section of Epidemiology for technical assistance.

Blood Lead Level Report Form

1. Name of person making report: _____
- 1a. Institutional affiliation, if any: _____
(e.g., Alaska Native Medical Center, Bassett Army Hospital, etc.)
2. Telephone number of person making report: _____
3. Name of health care provider: _____
4. Name of patient tested: _____
(first name) (last name)
5. Date of birth: ____ / ____ / ____
(month/day/year)
6. Sex (circle one) male female
7. Race: (circle one) White Alaska Native Asian Black other/unknown
8. Is patient of Hispanic ethnicity? (circle one) yes no unknown
9. Community of residence: _____
10. Actual test result: _____
($\mu\text{g/dL}$)
- 10a. Date of test: ____ / ____ / ____
(month/day/year)

Laboratory Reporting

All medical laboratories are required to notify the Division of Public Health if evidence of human infection caused by certain infectious disease pathogens is found. The list of infectious diseases reportable by health care providers (page 5) is similar to the list of pathogens reportable by laboratories (page 13). Paralytic shellfish poisoning, Reye syndrome, and rheumatic fever are reported by health care providers, but not by laboratories. Influenza virus infection is reported by laboratories, but not by health care providers. Except for these differences, reporting is required by both health care providers and laboratories for the other reportable diseases. **Laboratorians are not relieved of their obligation to report by virtue of the condition also being reportable by health care providers.**

In addition to infectious disease reporting, laboratories are required to report any blood lead level ≥ 10 micrograms per deciliter ($\mu\text{g/dL}$) (see page 11).

Laboratory reports can be made by any of four ways:

1. **Facsimile** (fax) - A legible copy of the laboratory report may be faxed to the Section of Epidemiology at: 1-907-561-4239.
2. **Rapid Telephonic Reporting (RTR) System** - Laboratory personnel can use the RTR System by telephoning 1-800-478-1700 (statewide) or 561-4234 (Anchorage). Callers should provide as much of the information requested on an infectious disease report form (see page 5) as available.
3. **Telephone** - Laboratory personnel can call the Section of Epidemiology during regular business hours at 1-907-269-8000 and ask to speak to one of the medical or nurse epidemiologists.
4. **Electronic** - Electronic reporting (via modem, computer disk, or other media) is becoming an increasingly convenient method for disease reporting. Laboratorians interested in establishing electronic mechanisms for reporting should contact the Section of Epidemiology for technical assistance.

Infectious Disease Pathogens Reportable by Laboratories

Bacillus anthracis*

Bordetella pertussis

Borrelia burgdorferi

Brucella abortus

Campylobacter species

Chlamydia psittaci

Chlamydia trachomatis

Clostridium botulinum*

Clostridium tetani

Corynebacterium diphtheriae*

Cryptosporidium species

Cyclospora

Escherichia coli O157:H7

Echinococcus species

Entamoeba histolytica

Francisella tularensis

Giardia lamblia

Haemophilus influenzae

invasive disease

Hepatitis A, B, or C virus

Human immunodeficiency virus (HIV)

Influenza virus

Legionella pneumophila

Measles virus*

Meningitis, any viral cause

Mumps virus

Mycobacterium leprae

Mycobacterium tuberculosis

Neisseria gonorrhoeae

Neisseria meningitidis*

Plasmodium species

Poliovirus*

Rabies virus*

Rubella virus

Salmonella species

Shigella species

Treponema pallidum

Trichinella species

Vibrio cholera

Yellow fever virus

Yersinia enterocolitica or

Y.pseudotuberculosis

Yersinia pestis

Reports must be made within 5 working days after being suspected or diagnosed. Call the RTR System at 561-4234 (Anchorage) or 1-800-478-1700 (statewide). The RTR System operates 24 hours per day, 365 days per year.

*** Pathogens shown in bold are public health emergencies;** if you suspect or confirm human infection caused by a pathogen which is a public health emergency, **immediately** call 1-907-269-8000 during business hours or 1-800-478-0084 after hours.

Firearm Injury Reporting

Hospitals and health care providers are required to report all injuries caused by a firearm to the Division of Public Health. Reports must be made within 5 working days of the date of diagnosis. Firearm injuries may be reported three ways:

1. **Facsimile** (fax) - A completed firearm injury report form (below) or the equivalent may be faxed to the Section of Epidemiology at: 1-907-561-4239.
2. **Rapid Telephonic Reporting (RTR) System** - The information requested below may be telephoned to the RTR System at: 1-800-478-1700 (statewide) or 561-4234 (Anchorage).
3. **Electronic** - Electronic reporting (via modem, computer disk, or other media) is becoming an increasingly convenient method for disease reporting. Persons interested in establishing electronic mechanisms for reporting should contact the Section of Epidemiology for technical assistance.

Firearm Injury Report Form

1. Name of person making report: _____

1a. Institutional affiliation, if any: _____

(e.g., Alaska Native Medical Center, Bassett Army Hospital, etc.)

2. Telephone number of person making report: _____

3. Name of patient injured: _____

(first name)

(last name)

4. Date of birth: / /
(month/day/year)

5. Sex (circle one) male female

6. Race: (circle one) White Alaska Native Asian Black other/unknown

7. Is patient of Hispanic ethnicity? (circle one) yes no unknown

8. Community of residence: _____

9. Date of injury: / /
(month/day/year)

Hospitals, physicians, surgeons, and other health care facilities and practitioners are required to report cases of cancer (except for basal or squamous cell skin cancer and cervical cancer *in-situ*) to the Division of Public Health. Cancer must be reported within 6 months of the date of diagnosis.

Physicians and other health care practitioners should report cases that will not be seen at an Alaska hospital or who obtain evaluation or treatment in another state. The information on the report form should be sent to the Alaska Cancer Registry by fax (1-907-561-4239) or mail (PO Box 240249; Anchorage, AK 99524-0249). **The RTR System is not used to report cancer.**

1. Name of person making report: _____

2. Telephone number of person making report: _____

3. Physician's name: _____

4. Name of patient: _____
(first name) (last name)

5. Date of birth: ____ / ____ / ____
(month/day/year)

6. Sex: (circle one) male female

7. Race: (circle one) White Alaska Native Asian Black other/unknown

8. Is patient of Hispanic ethnicity? (circle one) yes no unknown

9. Community of residence: _____

10. Date of diagnosis: ____ / ____ / ____
(month/day/year)

11. Primary site: _____

12. Referral: _____
(specify if patient referred to another physician/facility)

Birth Defects Reporting

Physicians, hospitals, and other health care facilities and providers must report children from birth through 1 year of age who have any of the birth defects listed below. Children diagnosed or treated for fetal alcohol syndrome, or other affects from alcohol use during pregnancy, or for any condition which may be unrelated to present pregnancy (ICD-9 code 760, including 760.71) must be reported up until their 6th birthday. Reports should be submitted within 3 months of diagnosis or treatment. **The RTR System is not used to report birth defects.** Information should be entered on a Birth Defects Registry Report Form (see page 17) and sent by mail or facsimile (fax) to: Alaska Birth Defects Registry; 3601 C Street, Suite 934; POB 240249; Anchorage, AK 99524-0249. Alternate methods for reporting may also be acceptable - contact Birth Defects Registry staff to set up a system that is most convenient for you. The Birth Defects Registry is a component of the Section of Maternal, Child, and Family Health. Staff may be reached at: (907) 269-3400; Fax (907) 269-3493.

Reportable Birth Defects

<u>ICD-9 Code</u>	<u>Condition</u>	<u>ICD-9 Code</u>	<u>Condition</u>
237.7	Neurofibromatosis	746-746.9	Other congenital anomalies of heart
243	Congenital hypothyroidism	747-747.9	Other congenital anomalies of the circulatory system
255.2	Adrenogenital disorders	748-748.9	Congenital anomalies of respiratory system
277-277.9	Other and unspecified disorders of metabolism	749-749.25	Cleft palate and cleft lip
279-279.9	Disorders involving the immune mechanism	750-750.9	Other congenital anomalies of upper alimentary tract
282-282.9	Hereditary hemolytic anemias	751-751.9	Other congenital anomalies of digestive system
284.0	Constitutional aplastic anemia	752-752.9	Congenital anomalies of genital organs
331-331.9	Other cerebral degenerations	753-753.9	Congenital anomalies of urinary system
334-334.9	Spinocerebellar disease	754-754.89	Certain congenital musculoskeletal deformities
335-335.9	Anterior horn cell disease	755-755.9	Other congenital anomalies of limbs
343-343.9	Infantile cerebral palsy	756-756.9	Other congenital musculoskeletal anomalies
359-359.9	Muscular dystrophies and other myopathies	757-757.9	Congenital anomalies of the integument
362.74	Pigmentary retinal dystrophy	758-758.9	Chromosomal anomalies
740-740.2	Anencephalus and similar anomalies	759-759.9	Other and unspecified congenital anomalies
741-741.9	Spina bifida	760-760.9	Fetus or newborn affected by maternal conditions which may be unrelated to present pregnancy
742-742.9	Other congenital anomalies of nervous system	760.71	Alcohol affecting fetus via placenta or breast milk; including Fetal alcohol syndrome
743-743.9	Congenital anomalies of eye		
744-744.9	Congenital anomalies of ear, face, and neck		
745-745.9	Bulbus cordis anomalies and anomalies of cardiac septal closure		

Use the most specific ICD-9 code(s) available and write a one to two word narrative diagnosis, along with the diagnosis date. If you do not know the ICD-9 code, please leave this item blank; however, we request that you still **write in the narrative diagnosis for each person reported**. The ICD-9 code and written description should be more specific than the categories shown on page 16. For example, you would report sickle cell anemia as ICD-9 code of 282.60, rather than 282 which is hereditary anemia.

Birth Defects Registry Report Form

1. Completion date: _____

1a. Person completing form: _____

1b. Medical facility name: _____
(e.g., Alaska Native Medical Center, Bassett Army Hospital, etc.)

2. Patient name: _____
(last name) (first name) (middle name)

3. Date of birth: _____
(month/day/year)

4. Patient community of birth: _____

6. Race: (circle one) White Alaska Native Asian Black other unknown

7. Is patient of Hispanic ethnicity? (circle one) yes no unknown

8. Patient Sex: (circle one) Male Female

9. Patient community of residence:

<u>ICD-9 Code</u>	<u>Specific Diagnosis</u>	<u>Date of Diagnosis</u>
_____.____.	_____	____/____/____
_____.____.	_____	____/____/____
_____.____.	_____	____/____/____
_____.____.	_____	____/____/____
_____.____.	_____	____/____/____
_____.____.	_____	____/____/____

Fax: 1-907-269-3493

Mail: Alaska Birth Defects Registry

3601 C Street, Ste 934

POB 240249

Anchorage, AK 99524

Other Reportable Conditions

Health care providers are required to report three other conditions to the Division of Public Health:

- Severe adverse reactions to any vaccine;
- Diseases which are known or suspected to be related to environmental exposure to a toxic substance; and
- Diseases which are known or suspected to be due to a person's occupation.

Reports should be made by telephoning the Section of Epidemiology at 1-907-269-8000 during regular business hours. After hours, if a health care provider considers the situation to represent a public health emergency, the report should be made by calling 1-800-478-0084.

Section of Epidemiology Assistance

For most conditions, the basic information requested on the applicable report form is all that is necessary for reporting. For some situations, an epidemiologist will contact the reporting health care provider to discuss the case and obtain additional information.

Further assistance may be obtained by calling the Section of Epidemiology at: 1-907-269-8000. Available assistance includes:

- Epidemiologic investigation.
- Infectious disease consultation.
- Consultation on diseases related to occupational or environmental exposure to a toxic or hazardous substance.
- Partner notification for patients with a sexually transmitted disease, including AIDS or human immunodeficiency virus (HIV) infection.
- Information on and assistance in obtaining diagnostic laboratory tests.
- Information on and assistance with electronic reporting by modem, computer disk, or other media.

Alaska Statutes and Regulations

The following section contains selected Alaska state statutes and regulations relevant to disease reporting and control. These statutes and regulations were in effect as of February 1999. For a complete set of statutes and regulations, see the State of Alaska website: <http://www.law.state.ak.us>

ALASKA STATUTES

AS 09.65.161. IMMUNITY FOR DISCLOSURE OF REQUIRED HEALTH CARE DATA.

A person who reports health care data required to be reported under AS 18.05 and regulations adopted under that chapter for conditions or diseases of public health significance may not be held liable for the disclosure to the Department of Health and Social Services or for the use of the data by the department.

AS 18.05.042. ACCESS TO HEALTH CARE RECORDS.

(a) The department may, during reasonable business hours, inspect health care records maintained by physicians and other health care professionals, hospitals, out-patient clinics, nursing homes, and other facilities or agencies providing healthcare services to patients that would identify patients or establish characteristics of an identified patient with cancer required to be reported under 42 U.S.C. 280e - 280e-4, or a birth defect or infectious disease required to be reported to protect the public health under this chapter and regulations adopted under this chapter. Disclosure of these health care records to the department does not constitute a breach of patient confidentiality.

(b) The department may conduct research using health care data reported under (a) of this section. The department may provide data obtained under (a) of this section to other persons for clinical, epidemiological, or other public health research.

c) Data obtained or a record inspected under this section that identifies a particular individual

- (1) is confidential;
- (2) may not be further disclosed to other persons except by the department under (b) of this section; and

(3) is not subject to inspection or copying under AS 09.25.110 - 09.25.125.

AS 18.15.120. TUBERCULOSIS CONTROL PROGRAM AUTHORIZED.

The department may establish a comprehensive program for the control of tuberculosis in the state, and may

- (1) arrange means by which persons in the state may be X-rayed to determine the presence of tuberculosis;
- (2) establish necessary out-patient clinics for the care of tuberculosis;
- (3) encourage and promote the establishment of adequate health care facilities within the state to care for persons suffering from tuberculosis and allied conditions;
- (4) under the provisions of AS 36.30 (State Procurement Code), obtain, by purchase or donation from surplus federal property or otherwise, medical supplies and equipment useful in carrying out this program and allot or resell these supplies and equipment to private institutions engaged by the department to carry out this program;
- (5) under the provisions of AS 36.30, contract with hospitals, associations, or other health care facilities qualified and equipped to give adequate care inside or outside the state;
- (6) employ necessary and trained personnel to carry out the purposes of AS 18.15.120 - 18.15.149;
- (7) pay the costs of care and incidental expenses for residents of the state, in whole or in part, depending on the ability of each patient to pay, and the temporary costs of care and transportation for nonresidents on the same basis until they can be transferred to their residence;
- (8) enlist the cooperation of state, federal, and local agencies operating in the state for the furtherance of this program;
- (9) establish standards in accordance with department procedure for the care of persons with tuberculosis receiving treatment under AS 18.15.120 - 18.15.149;
- (10) adopt regulations to implement and interpret AS 18.15.120 - 18.15.149.

AS 18.15.130. DEPARTMENT TO COOPERATE WITH OTHER AGENCIES.

The department, in establishing a comprehensive program for the control of tuberculosis in the state, shall cooperate with state, federal, and local agencies operating in the state, and obtain as much information and data as possible from them.

AS 18.15.131. REPORTS TO STATE MEDICAL OFFICERS; DOCUMENTATION OF TREATMENT.

(a) A health care provider and a laboratory administrator shall report, within five working days, to a state medical officer when that provider or administrator diagnoses a case of tuberculosis or has reasonable grounds to believe that a patient has tuberculosis, or when a patient ceases treatment for tuberculosis. A health care provider and a laboratory administrator may presume that a patient has ceased treatment if the patient fails to keep an appointment or relocates without transferring medical treatment to another health care provider. A health care provider who treats a patient with tuberculosis, and a person in charge of a health care facility that provides treatment for tuberculosis to a patient, shall maintain written documentation of the patient's adherence to the patient's treatment plan.

(b) A person required to report under (a) of this section shall permit a state medical officer to examine patient records, reports, and other data related to the required report.

AS 18.15.133. EXAMINATION OF PERSONS EXPOSED TO TUBERCULOSIS.

(a) A health care provider who treats a patient for tuberculosis shall

- (1) examine all other persons in the household who have had contact with the patient;
- (2) refer those persons to another health care provider for examination and notify the other health care provider and a state medical officer of the referral; or
- (3) refer those persons to a state medical officer for examination and promptly notify the state medical officer of the referral.

(b) A health care provider who examines other persons in a household under (a)(1) or (2) of this section shall report to a state medical officer, within 10 days after the examination, the results of the examination.

(c) Under AS 18.15.135, a state medical officer may order an examination of a person to detect tuberculosis, for the purpose of directing preventive measures for the

person, if the state medical officer has reasonable grounds to believe that the person is at heightened risk of exposure to tuberculosis.

This space contained
duplicate information that
was incomplete.

It was deleted on
August 29, 2002.

AS 18.15.135. TUBERCULOSIS EXAMINATIONS.

(a) A person shall submit to an examination to detect tuberculosis whenever, in the opinion of a state medical officer, an examination is necessary to preserve and protect public health.

(b) An examination under this section shall be by written order issued by a state medical officer that must specify the name of the person to be examined and the time and place of the examination. The person to be examined shall be personally served with a copy of the order within a reasonable period of time before the examination is to take place.

(c) An examination under this section shall be performed by a physician who may lawfully practice in the state. The person to be examined may, under conditions specified by the state medical officer, choose the physician who will perform the examination.

AS 18.15.136. ADDITIONAL ORDERS TO PROTECT THE PUBLIC HEALTH.

(a) In addition to orders issued under AS 18.15.135, if a state medical officer determines that the public health in general, or the health of a particular person, is endangered by exposure to a person who is known to have tuberculosis, or by exposure to a person for whom there are reasonable grounds to believe has tuberculosis, a state medical officer may issue the orders that the medical officer finds necessary to protect the public from a threat to the public health. An examination ordered under this section shall be performed by a physician who may lawfully practice in the state. Under conditions specified by the state medical officer who issued the order, the person to be examined may choose the physician who will perform the examination. A state medical officer may not under this section order the forcible or involuntary administration of medicine. The state medical officer, through the Department of Law, may make application to a court for enforcement of an order issued under this section.

(b) An order issued under (a) of this section may include

- (1) an authorization for the removal to or admission into a health care facility for appropriate examination for infectious tuberculosis of a person who is known to have tuberculosis, or of a person for whom there

are reasonable grounds to believe that the person has tuberculosis and who is unable or unwilling to submit to an examination ordered under AS 18.15.135;

- (2) a requirement that a person who has tuberculosis complete an appropriate treatment plan for tuberculosis and, if necessary, follow required infection control precautions for tuberculosis;

- (3) a requirement that a person be removed to, admitted into, and subsequently detained in, a health care facility, if

- (A) the person has infectious tuberculosis, or presents a substantial likelihood of having infectious tuberculosis, based upon epidemiologic information, clinical findings, X-ray readings, or tuberculosis laboratory test results; and

- (B) the state medical officer finds that a substantial likelihood exists that the person may transmit tuberculosis to others because of the person's inadequate separation from others;

- (4) a requirement that a person be removed to, admitted into, and subsequently detained in a health care facility for treatment if

- (A) the person has infectious tuberculosis, or has been reported to a state medical officer as having infectious tuberculosis, and the state medical officer has no knowledge that the person has completed an appropriate treatment plan for tuberculosis; and

- (B) substantial likelihood exists, based on the person's past or present behavior, that the person cannot be relied upon to participate in or complete an appropriate treatment plan for tuberculosis or, if necessary, follow required infection control precautions for tuberculosis; the state medical officer may consider as indicators of unreliability the person's refusal or failure to take medication for tuberculosis, refusal or failure to keep appointments for treatment for tuberculosis, refusal or failure to complete a treatment plan for tuberculosis, or disregard for infection control precautions prescribed by a health care provider or a state medical officer;

- (5) an authorization for isolation of a person with infectious tuberculosis through detention at the person's place of residence until the state medical officer has determined that the person no longer has infectious tuberculosis.

(c) A state medical officer shall issue an order under this section in writing, and in the order shall set out the following:

- (1) the name of the person required to comply with the order, the period of time during which the order

is in effect, and other terms and conditions that the state medical officer determines to be necessary to protect the public health;

(2) the legal authority under which the order is issued;

3) an assessment of the person's circumstances or behavior constituting the basis for the issuance of the order; and

(4) any less restrictive treatment alternatives that were attempted and were unsuccessful, or less restrictive treatment alternatives that were considered and rejected, and the reasons for the rejection of those alternatives.

(d) In addition to the requirements of (c) of this section, an order for the detention of a person must include

(1) the purpose of the detention;

(2) advice to the person being detained that the person has the right to request release from detention by contacting the state medical officer at the telephone number stated on the order and that, under AS 18.15.139, in the absence of a court order authorizing the detention, the detention may not continue for more than five business days after the request for release;

(3) advice to the person being detained that, under AS 18.15.139, the state medical officer is required to obtain, within 60 days following the commencement of detention, a court order authorizing the detention and after that must seek further court review of the detention within 90 days after the court order and within 90 days after each subsequent court review;

(4) advice to the person being detained that the person has the right to arrange to be represented by counsel or, under AS 18.85.100, to have court-appointed counsel provided; and

(5) advice to the person being detained that the person has the right to elect whether a proceeding providing court review is open or closed to the public.

(e) A state medical officer is not required to obtain a court order before issuing an order under this section for detention of a person.

AS 18.15.137. EMERGENCY DETENTION ORDERS.

A state medical officer, through the Department of Law, may request the court to issue an order for the emergency detention of a person when the state medical officer finds that a substantial likelihood exists that the person has infectious tuberculosis in order to prevent the person from posing a threat to the public health. Upon issuance of an ex parte court order, a peace officer

or a state medical officer shall take the person into custody and deliver the person to the nearest available health care facility or another location that will provide for the protection of the public health. The state medical officer, through the Department of Law, shall make application for a court order authorizing continued detention of the person within 72 hours after the issuance of an ex parte order or, if the 72-hour period ends on a Saturday, Sunday, or legal holiday, by the end of the first state working day following the Saturday, Sunday, or legal holiday. The court shall schedule a hearing within five state working days after receipt of an application for authorization of continued detention.

AS 18.15.139. COURT AUTHORIZATION OF DETENTION.

(a) If a person detained under an order issued under AS 18.15.136 requests release from detention, the state medical officer shall make an application for a court order authorizing continued detention within 72 hours after the request or, if the 72-hour period ends on a Saturday, Sunday, or legal holiday, by the end of the first state working day following the Saturday, Sunday, or legal holiday. The court shall schedule a hearing within five state working days after receipt of the state medical officer's application. After a detained person requests release, detention of that person may not continue for more than five business days in the absence of a court order authorizing continued detention. However, no person may be detained under an order issued under AS 18.15.136 for more than 60 days without a court order authorizing the detention. A state medical officer, through the Department of Law, shall seek further court review of a detention within 90 days following the initial court order authorizing the detention and within 90 days after each subsequent court order authorizing detention.

(b) In a court proceeding to authorize or enforce a state medical officer's order under AS 18.15.136 for the detention of a person, the state medical officer must prove the circumstances constituting the necessity for the detention by clear and convincing evidence.

(c) A person who is subject to a detention order under AS 18.15.136 has the right to be represented by counsel or to have, under AS 18.85.100, court-appointed counsel provided.

(d) A person who is the subject of a court proceeding initiated under AS 18.15.136 or 18.15.137 may elect to have the hearing open or closed to the public.

AS 18.15.143. RELIGIOUS TREATMENT FOR TUBERCULOSIS.

(a) If a person with infectious tuberculosis establishes that that person is being provided treatment for tuberculosis by spiritual means or establishes that the person's sincerely held religious beliefs prohibit medical treatment, a state medical officer or the court, in issuing an order under AS 18.15.136, 18.15.137, or 18.15.139, may consider the spiritual treatment or religious beliefs as well as the health of the person and may order that the person only be isolated at the person's home, or other suitable place of the person's choice, in a manner that will protect the public health.

(b) A person with infectious tuberculosis who is or might become subject to an order issued under AS 18.15.136, 18.15.137, or 18.15.139, at any time may request recognition and consideration of spiritual treatment or religious beliefs as described in (a) of this section.

(c) In this section, "spiritual means" means prayer, or a substantially similar activity, by an established practitioner of a recognized church or religious denomination, in accordance with the tenets and practices of that church or religious denomination.

AS 18.15.145. SCREENING OF SCHOOL EMPLOYEES.

(a) An employee of a public or private elementary or secondary school in the state shall be tested annually to detect infectious tuberculosis. An employee who has never had a positive test result from a tuberculin skin test shall obtain a tuberculin skin test. An employee whose skin test result is positive or who has ever had a positive skin test result shall have an appropriate health screening examination that may include obtaining a chest X-ray.

(b) An employee who refuses or fails to be tested as required under (a) of this section is suspended from employment until the employee has been tested.

(c) The school district annually shall obtain from each school employee in the district a certificate or other evidence that the employee has been tested as required in (a) of this section.

(d) The department may by regulation provide for reasonable exceptions to the requirements of this section.

AS 18.15.147. LIMITED IMMUNITY.

A person may not bring an action for damages based on the decision under AS 18.15.120 - 18.15.149, to detain or not to detain a person unless the action is for damages caused by gross negligence or intentional misconduct.

AS 18.15.149. DEFINITIONS.

In AS 18.15.120 - 18.15.149,

(1) "department" means the Department of Health and Social Services;

(2) "division of public health" means the division of public health in the department;

(3) "health care facility" means a hospital, specialty hospital, long-term care facility, medical clinic, or similar facility for which a license has been issued by this state and in which inpatient or outpatient medical services for tuberculosis are provided;

(4) "health care provider" means an acupuncturist, nurse, nurse practitioner, pharmacist, physician, or physician's assistant, hospital, or health clinic who may lawfully practice in this state;

(5) "state medical officer" means a physician employed by the division of public health;

(6) "tuberculosis" means a disease caused by mycobacterium tuberculosis, mycobacterium bovis, or mycobacterium africanum.

ALASKA ADMINISTRATIVE CODE**7 AAC 27.00.5. REPORTING BY HEALTH CARE PROVIDERS.**

(a) A health care provider who prescribes for or attends a person with one or more of the following infections or diseases must report any of the following infections or diseases of public health significance, if diagnosed or suspected by the health care provider:

- (1) acquired immune deficiency syndrome (AIDS);
- (2) amebiasis;
- (3) anthrax;
- (4) botulism;
- (5) brucellosis;
- (6) campylobacteriosis;
- (7) chlamydia;
- (8) cholera;
- (9) cryptosporidium;
- (10) cyclospora;
- (11) diphtheria;
- (12) echinococcus;
- (13) *E. coli* 0157:H7;
- (14) giardiasis;
- (15) gonorrhea;
- (16) *Haemophilus influenzae* invasive disease;
- (17) hepatitis (type A, B, C);

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- (18) human immunodeficiency virus (HIV);
 - (19) legionellosis;
 - (20) leprosy;
 - (21) Lyme disease;
 - (22) malaria;
 - (23) meningococcal invasive disease;
 - (24) mumps;
 - (25) paralytic shellfish poisoning;
 - (26) pertussis;
 - (27) poliomyelitis;
 - (28) plague;
 - (29) psittacosis;
 - (30) rabies;
 - (31) Reye syndrome;
 - (32) rheumatic fever;
 - (33) rubella;
 - (34) rubeola;
 - (35) salmonellosis;
 - (36) shigellosis;
 - (37) syphilis;
 - (38) tetanus;
 - (39) trichinosis;
 - (40) tuberculosis;
 - (41) tularemia;
 - (42) typhoid fever;
 - (43) yellow fever;
 - (44) yersiniosis;
 - (45) severe reactions to a vaccination;
 - (46) epidemic outbreaks;
 - (47) any unusual incidences of infectious disease.

(b) The following infections or diseases are public health emergencies that must be immediately reported by the telephone directly to a public health official in the division of public health in the department when first diagnosed or suspected by the health care provider:

- (1) anthrax;
- (2) botulism;
- (3) diphtheria;
- (4) meningococcal invasive disease;
- (5) paralytic shellfish poisoning;
- (6) poliomyelitis;
- (7) rabies;
- (8) rubella;
- (9) rubeola;
- (10) tetanus.

(c) Except for an infection or disease listed in (b) of this section, the health care provider must submit a report to the division orally, electronically, or on a form provided by the division within five working days after first

discovering or suspecting the existence of the infectious disease or disease outbreak. Each report must give the name, address, age, sex, ethnicity, and race of the person diagnosed as having the reported infection or disease and the name and address of the health care provider reporting the infection or disease.

(d) Outbreaks or unusual incidences of diseases that are known or suspected to be related to exposure to environmental toxic or hazardous material must be reported by the physician, nurse, or other health care professional who prescribes for or attends those affected. Authority: AS 18.05.010, AS 18.05.040

7 AAC 27.007. REPORTING BY LABORATORIES.

(a) Public, private, military, hospital, or other laboratories performing serologic, immunologic, microscopic, biochemical, or cultural tests in this state or on samples obtained within this state must report evidence of human infection caused by the following agents at the time of identification or suspected identification:

- (1) *Bacillus anthracis*;
- (2) *Bordetella pertussis*;
- (3) *Borrelia burgdorferi*;
- (4) *Brucella abortus*;
- (5) *Campylobacter* species;
- (6) *Chlamydia psittaci*;
- (7) *Chlamydia trachomatis*;
- (8) *Clostridium botulinum*;
- (9) *Clostridium tetani*;
- (10) *Corynebacterium diphtheriae*;
- (11) *Cryptosporidium* species;
- (12) *Cyclospora*;
- (13) *E. coli* 0157:H7;
- (14) *Echinococcus* species;
- (15) *Entamoeba histolytica*;
- (16) *Francisella tularensis*;
- (17) *Giardia lamblia*;
- (18) invasive disease due to *Haemophilus influenzae*;
- (19) hepatitis (A, B, or C virus);
- (20) human immunodeficiency virus (HIV);
- (21) influenza virus;
- (22) *Legionella pneumophila*;
- (23) measles virus;
- (24) viral causes of meningitis;
- (25) mumps virus;
- (26) *Mycobacterium leprae*;
- (27) *Mycobacterium tuberculosis*;
- (28) *Neisseria gonorrhoeae*;
- (29) *Neisseria meningitidis*;
- (30) *Plasmodium* species;
- (31) poliovirus;

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- (32) rabies virus;
 - (33) rubella virus;
 - (34) *Salmonella* species;
 - (35) *Shigella* species;
 - (36) *Treponema pallidum*;
 - (37) *Trichinella* species;
 - (38) *Vibrio cholera*;
 - (39) yellow fever virus;
 - (40) *Yersinia enterocolitica* or *Y. pseudotuberculosis*;
 - (41) *Yersinia pestis*.

(b) Reports must be submitted to the division orally, electronically, or on a form provided by the division or on a legible copy of the original laboratory report form within five working days after the examination or test is performed. Each notification must give the date and result of the test performed, the name or identification code sufficient to identify the patient to the health care provider, and, when available, the age, sex, race, and ethnicity of the person from whom the specimen was obtained and the name and address of the health care provider for whom the examination or test was performed.

(c) When acting on the basis of information received from laboratory notification, the division will not, except in instances of overriding public health considerations, contact the patient without first requesting the permission of the physician or other health care provider.

(d) Repealed 1/19/96.

(e) The following infectious agents are public health emergencies that must be reported immediately by telephone directly to a public health official in the division of public health when identified or suspected by the laboratory:

- (1) *Bacillus anthracis*;
- (2) *Corynebacterium diphtheriae*;
- (3) measles virus;
- (4) *Neisseria meningitidis*;
- (5) poliovirus;
- (6) rabies virus.

Authority: AS 18.05.040

7 AAC 27.010. CONTROL OF COMMUNICABLE DISEASES MANUAL.

(a) The provision on methods of control of communicable diseases outlined in the *Control of Communicable Diseases Manual*, Sixteenth Edition 1995, American Public Health Association, as revised from time to time are adopted by reference as the regulations governing "Preventive measures," "Control of patients, contacts

and the immediate environment," and "Epidemic measures."

(b) The provisions of (a) of this section are not applicable to the control of rabies in animals or to the reporting of diseases of public health significance.

Authority: AS 18.05.040, AS 44.62.245, 47.05.012

Editor's notes: *Control of Communicable Diseases Manual, Sixteenth Edition, 1995*, is on file in the Office of the Lieutenant Governor and is available from the American Public Health Association, 1015 15th Street, NW, Washington, DC 20005; phone: (202) 789-5600.

7 AAC 27.011. CANCER REGISTRY.

(a) A hospital, physician, surgeon, or other health care facility or health care provider diagnosing, screening, or providing treatment for a cancer patient in this state shall report the information specified in (b) of this section to the division, within six months of the date of diagnosis, screening or treatment.

(b) The following must be provided for each form of in-situ and invasive cancer, with the exception of basal cell and squamous cell carcinoma of the skin and in-situ carcinoma of the cervix uteri:

(1) information about the patient, including as a minimum, name, date of birth, sex, race, ethnicity, community of residence, date of diagnosis, primary site, and name of attending or admitting health care provider;

(2) pathological data characterizing the cancer, including the cancer site, stage of disease, and type of treatment.

Authority: AS 18.05.030, AS 18.05.040, AS 18.05.044

7 AAC 27.012. BIRTH DEFECTS REGISTRY.

(a) A hospital, physician, surgeon, or other health care facility or health care provider diagnosing, screening or providing treatment to a patient shall report to the division, within three months of the date of diagnosis, screening, or treatment, information about the patient, including name, date of birth, place of birth, sex, race, ethnicity, community of residence, date of diagnosis, and specific type of each birth defect diagnosed or treated for the following patients:

(1) a child less than one year old with a birth defect listed in (b) of this section;

(2) a child one year old or more, but less than six years old with a birth defect identified in the following International Classification of Diseases – 9th Revision (ICD-9) Codes:

(A) Code 760 (fetus or newborn affected by maternal conditions which may be unrelated to present

pregnancy);
 (B) Code 760.71 (Alcohol-fetal alcohol syndrome).
 (b) The following birth defects identified in the International Classification of Diseases - 9th Revision (ICD-9) must be reported under (a) of this section:

- 237.7 - Neurofibromatosis
- 243 - Congenital hypothyroidism
- 255.2 - Adrenogenital disorders
- 277 - Other and unspecified disorders of metabolism
- 279 - Disorders involving the immune mechanism
- 282 - Hereditary hemolytic anemias
- 284.0 - Constitutional aplastic anemia
- 331 - Other cerebral degenerations
- 334 - Spinocerebellar disease
- 335 - Anterior horn cell disease
- 343 - Infantile cerebral palsy
- 359 - Muscular dystrophies and other myopathies
- 362.74 - Pigmentary retinal dystrophy
- 740 - Anencephalus and similar anomalies
- 741 - Spina bifida
- 742 - Other congenital anomalies of nervous system
- 743 - Congenital anomalies of eye
- 744 - Congenital anomalies of ear, face, and neck
- 745 - Bulbus cordis anomalies and anomalies of cardiac septal closure
- 746 - - Other congenital anomalies of heart
- 747 - Other congenital anomalies of circulatory system
- 748 - Congenital anomalies of respiratory system
- 749 - Cleft palate and cleft lip
- 750 - Other congenital anomalies of upper alimentary tract
- 751 - Other congenital anomalies of digestive system
- 752 - Congenital anomalies of genital organs
- 753 - Congenital anomalies of urinary system
- 754 - Certain congenital musculoskeletal deformities
- 755 - Other congenital anomalies of limbs
- 756 - Other congenital musculoskeletal anomalies
- 757 - Congenital anomalies of the integument

- 758 - Chromosomal anomalies
 - 759 - Other and unspecified congenital anomalies
 - 760 - Fetus or newborn affected by maternal conditions which may be unrelated to present pregnancy
 - 760.71- Alcohol - Fetal alcohol syndrome
- Authority - AS 18.05.030, AS 18.05.040, AS 18.05.044

7 AAC 27.013. REPORTING FIREARM INJURIES.

A hospital, physician, surgeon, or other health care provider diagnosing or providing treatment for a patient with an injury caused by a firearm shall report to the division, within five working days of the date of diagnosis or treatment, information about the patient, including name, date of birth, geographic location of occurrence, sex, race, ethnicity, community of residence, and date of diagnosis.
 Authority: AS 18.05.030, AS 18.05.040, AS 18.05.044

7 AAC 27.014. REPORTING OF BLOOD LEAD TEST RESULTS.

(a) A physician, surgeon, or other health care provider shall report to the division, within four weeks of receiving the results of the test, information about a person for whom a blood lead test was performed where the reported blood lead test result is greater, or equal to, 10 micrograms per deciliter (µg/dL). This information must include the name, date of birth, sex, race, ethnicity, community of residence of the person tested, the actual test result, and the name and the address of the health care provider for whom the test was performed.
 (b) A public, private, military, hospital, or other laboratory performing blood lead analyses in this state or on samples obtained in this state shall report, within four weeks of performing the test, information about a person for whom a blood lead test was performed where the reported blood lead test result is greater, or equal to, 10 micrograms per deciliter (µg/dL). This information must include the name, date of birth, sex, race, ethnicity, community of residence of the person tested, the actual test result, and the name and the address of the health care provider for whom the test was performed.
 Authority: AS 18.05.030, AS 18.05.040, AS 18.05.044

7 AAC 27.015. OCCUPATIONAL HEALTH DUTIES.

The division of public health may investigate places of employment and study conditions which might be responsible for ill health of industrial workers or their families.

Authority - AS 18.05.040

7 AAC 27.016. RIGHT OF INSPECTION.

The division of public health may have access to any establishment and records of any establishment in the discharge of its official duties in accordance with law.

Authority - AS 18.05.040

7 AAC 27.017. REPORTING OF DISEASE.

Diseases which are known or suspected to be a result of a worker's occupation must be reported to the division of public health by the physician, nurse, or other health care professional who prescribes for or attends the person with the disease.

Authority - AS 18.05.040

7 AAC 27.020. CONTROL OF ANIMAL DISEASES TRANSMISSIBLE TO HUMANS.

(a) **Quarantine.** The standards for quarantine are

(1) whenever any case of rabies or other animal disease dangerous to the health of human beings is reported as existing in any area, the Department of Health and Social Services will make an investigation as to whether the disease exists and as to the probable area of the state in which man or animal is endangered by it; if the Department of Health and Social Services finds that any such disease exists, a quarantine will be declared against all of those animals that are designated in the quarantine order within the area specified in the order; if the quarantine is for the purpose of preventing the spread of rabies, the order will contain a warning to the owners of animals within the quarantined area to confine on the owner's premises or tie down all animals so as to prevent biting; after such an order is issued, any animal found running at large in the quarantined area or known to have been removed from or to have escaped from the area may be destroyed by a peace officer or by a person designated by the Department of Health and Social Services;

(2) following the order of quarantine, the Department of Health and Social Services will make a thorough investigation as to the extent of the disease, the probable number of persons and animals exposed, and the area found to be involved;

(3) during the period for which any quarantine order is in force, all peace officers are empowered to kill, or, in their discretion, to capture and hold for further action by the Department of Health and Social Services all animals in a quarantined area not held in restraint on private premises;

(4) for the purposes of (1) and (3) of this subsection, "quarantine" is the strict confinement upon the private premises of the owners, in a veterinarian's office or hospital, in an animal shelter or pound, or at other locations approved by the department, under restraint by leash, chain, closed cage, or paddock of all animals specified by the order.

(b) **Rabies Vaccination.** The standards for animal rabies vaccination are the following:

(1) the Centers for Disease Control and Prevention, Compendium of Animal Rabies Control, 1998, MMWR 1998; 47 (No. RR-9) as amended from time to time is adopted by reference to govern the use of animal rabies vaccines;

(2) the Rabies Vaccination Certificate developed by the National Association of State Public Health Veterinarians, Inc. is adopted as the only valid rabies vaccination certificate; these certificates are available from the division; computer generated certificates may be used if they contain all of the information required in the certificate developed by the National Association of State Public Health Veterinarians, Inc. and the certificate is signed by a licensed veterinarian or department approved lay vaccinator;

(3) rabies vaccination of dogs and cats is required in accordance with schedules in the Compendium of Animal Rabies Control, 1998, as adopted in (1) of this subsection; evidence of such a vaccination is to be recorded on the Standard Vaccination Certificate specified in (2) of this subsection; at the time of vaccination, the owner or keeper of a dog vaccinated must be given a metal tag bearing the Standard Vaccination Certificate number and the expiration date of the period of immunity; the tag must be affixed by the owner or keeper to a collar or harness and must be worn by the dog for which the certificate is issued except that the dog need not wear the tag while harnessed in a dog team or while participating in organized training or competition;

(4) a rabies vaccination is valid only when performed by or under the direct supervision of a licensed veterinarian or by a lay vaccinator approved by the department as qualified to administer the vaccine and for whom the department determines, in its discretion, that approval is in the best interests of the state in

carrying out the purposes of this section and 7 AAC 27.030; the availability of a licensed veterinarian will not of itself preclude this approval;

(5) sale of rabies vaccine to any person or entity other than a licensed veterinarian, veterinary biologic supply firm, or public agency is prohibited;

(6) any dog or cat not vaccinated in compliance with this subsection may be confiscated and either vaccinated or euthanized; owners of confiscated animals are subject to payment of costs of confiscation, boarding, and vaccination, as well as any other penalties established by a municipality under AS 29.35.

(c) **Impoundment or Euthanization of Animals.** The standards for impounding or euthanizing animals that may be rabid are the following:

- (1) a dog or cat vaccinated in accordance with (b)(3) of this section that bites a person must be placed under observation for 10 days, except that a clinically ill or stray animal that does so may be euthanized immediately and submitted to the department or to a laboratory designated by it for rabies testing;
- (2) a dog or cat not vaccinated in accordance with (b)(3) of this section that bites a person may be euthanized immediately and submitted to the department or to a laboratory designated by it for rabies testing;
- (3) a bat or a free-ranging carnivorous wild animal that bites a person must be euthanized immediately and submitted to the department or to a laboratory designated by it for rabies testing;
- (4) an unvaccinated dog or cat bitten by a known or suspected rabid animal may be euthanized immediately; if the bitten animal has a current rabies vaccination, as defined in the Compendium of Animal Rabies Control, 1998, adopted by reference in (b)(1) of this section, the animal must be immediately revaccinated and confined a minimum of 30 days;
- (5) a prior rabies vaccination of an animal does not preclude the necessity for euthanasia and testing if the period of virus shedding is unknown for that species.

Authority - AS 18.05.040, AS 44.62.245, AS 47.05.012
Editor's note: The Compendium of Animal Rabies Control, 1998, is on file in the Lieutenant Governor's Office and is available from the section of epidemiology, division of public health, Department of Health and Social Services, State of Alaska, 3601 C Street, Suite 540, Anchorage, Alaska 99503-5932.

7 AAC 27.030. EXPORT AND INTRA-STATE TRANSPORTATION OF ANIMALS.

- (a) **Areas of Infection.** Whenever the commissioner of health and social services finds that animals of any kind in a specific area are afflicted with a disease contagious to man and are liable to spread that disease from that area so as to endanger the public health he will, in his discretion, declare it an area of infection. No person may, after the date of that declaration, transport or offer for transportation into or within the State of Alaska any such animal from the area described in the declaration, except with the permission of, and in accordance with precautions against the spread of the disease specified by, the Department of Health and Social Services.
- (b) **Rabies Vaccination for Intrastate Travel.** No dog or cat may be transported by public intrastate transportation unless the owner or custodian of the animal shows that the animal has an unexpired rabies vaccination. Proof of an unexpired rabies vaccination is the date on the metal tag worn by the animal bearing the Standard Vaccination Certificate number, as required by 7 AAC 27.020 (b)(3), or the date on the Standard Vaccination Certificate required by 7 AAC 27.020 (b)(2), or an affidavit from a person authorized to administer the vaccine stating that the animal has a current rabies vaccination.
- Authority - AS 18.05.040 (1)

7 AAC 27.040. IMPORTATION OF DOGS.

- (a) Every dog imported into the state shall be accompanied by a health certificate issued within 30 days of importation by a licensed veterinarian in the state of origin, and a copy of the certificate shall be forwarded immediately to the state veterinarian of Alaska. The certificate must show that the dog is free from rabies or any communicable disease and has not recently been exposed to any such disease; also, it must give the breed, sex and age, point of origin and destination and the names and post office addresses of the consignee and consignor. If the dog has been vaccinated, the health certificate must include the date of vaccination.
- (b) Dogs shall have been properly vaccinated with rabies vaccine within six months prior to the date of importation into the state and may, at the discretion of the commissioner of natural resources, be subject to quarantine at destination for a period of not less than 60 days following arrival within the state.
- (c) This section does not apply to any dog passing through the state nor to any dog within the state for a temporary stay for exhibition or breeding purposes when the dog is kept properly under control of the owner or custodian.
- Authority - AS 18.05.040 (1)

7 AAC 27.060. GENERAL RIGHT OF VISITATION.

All peace officers and representatives of the departments of health and social services and natural resources are authorized to examine and enter upon any private premises, during reasonable hours, for the enforcement of this chapter.

Authority - AS 18.05.040 (1)

7 AAC 27.080. QUARANTINE OF AVIARIES OR PET SHOPS. Repealed.**7 AAC 27.890. CONFIDENTIALITY OF REQUIRED REPORTS AND MEDICAL RECORDS.**

(a) A report to the division required under this chapter is a confidential public health record and is not open to public inspection.

(b) A medical record provided to the division by a physician, surgeon, hospital, laboratory, out-patient clinic, nursing home, or other facility, individual, or agency providing services to patients that identifies cases or establishes characteristics of the status of an identifiable patient with a condition reportable under this chapter is confidential and may not be disclosed to the public.

Authority - AS 18.05.030, AS 18.05.040, AS 18.05.046

7 AAC 27.900. DEFINITIONS.

In this chapter, unless the context requires otherwise,

(1) "department" means the Department of Health and Social Services;

(2) "division" means the division of public health in the Department of Health and Social Services;

(3) "known rabid animal" means an animal with a positive laboratory test for rabies virus.

(4) "health care provider" means the following medical professionals who are lawfully entitled to practice in this state:

(A) a physician who practices medicine or an osteopath;

(B) a physician assistant;

(C) a nurse or an advanced nurse practitioner;

(5) "PPD skin test" means an intradermal purified protein derivative skin test for tuberculosis. Authority - AS 18.05.040

To request additional copies of *Conditions Reportable to Public Health*, please fill in the following information and fax to 1-907- 562-7802 or mail to:

Section of Epidemiology
Alaska Division of Public Health
PO Box 240249
Anchorage, AK 99524-0249

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Infectious Diseases Reportable By Health Care Providers

Acquired immune deficiency syndrome (AIDS)	Lyme disease
Amebiasis	Malaria
Anthrax*	Meningococcal invasive disease*
Botulism*	Mumps
Brucellosis	Paralytic shellfish poisoning*
Campylobacteriosis	Pertussis
Chlamydial infection	Plague
Cholera	Poliomyelitis*
Cryptosporidiosis	Psittacosis
Cyclosporiasis	Rabies*
Diphtheria*	Reye syndrome
Echinococcosis	Rheumatic fever
Escherichia coli O157:H7 Infection	Rubella*
Giardiasis	Rubeola*
Gonorrhea	Salmonellosis
Haemophilus influenzae invasive disease	Shigellosis
Hepatitis A, B, or C	Syphilis
Human immunodeficiency virus (HIV) infection	Tetanus*
Legionellosis	Trichinosis
Leprosy (Hansen's Disease)	Tuberculosis
	Tularemia
	Typhoid fever
	Yellow fever

Outbreaks of an unusual number of cases of any infectious disease

Reports must be made within 5 working days after being suspected or diagnosed. Call the RTR System at 561-4234 (Anchorage) or 1-800-478-1700 (statewide). The RTR System operates 24 hours a day, 365 days a year.

* Diseases shown in bold are public health emergencies; if you suspect or diagnose a disease which is a public health emergency, please immediately report the case by calling 1-907-269-8000 during business hours or 1-800-478-0084 after hours. Reports must be made within 5 working days after being suspected or diagnosed. Call the RTR System at 561-4234 (Anchorage) or 1-800-478-1700 (statewide). The RTR System operates 24 hours a day, 365 days a year.